

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/744309		FILING DATE 25 Jan 01		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/						51			
2		/	/					52			
3		/	/					53			
4		/	/					54			
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18		/	/					68			
19		/	/					69			
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45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			